

PATIENT

Chewie Valerio

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed female

AGE

7 years

WEIGHT

4.8 kg

INTERPRETED BY

Eric Lindquist, DMV,
 DABVP, Cert. IVUSS,
 CEO of SonoPath.com

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Animal Care Clinic
 Brampton

REFERRING VET

Dr. Ahola

INVOICE

71186

DATE

2/3/26

PRESENTING CLINICAL SIGNS

- Vomiting started 10 days ago; (Jan 16/26 around 4-8 times per day) + anorexic; Diarrhea - has since resolved with fortiflora
- - Lethargy and weight loss
- Body condition: ideal for age and stage, has trended downwards from previous (5.13kg Jan 16 to 4.8 kg)
- Abdominal Palpation: discomfort on cranial abdominal palpation; no masses or organomegaly noted on palpation
- Heart/Cardiovascular: no arrhythmia or murmur noted; Lungs/Trachea: no abnormalities noted on lung auscultation
- Systemic status: appears systemically stable but there are medical concerns: Vomiting, Loose stools, Anorexia, Lethargy
- Blood work completed
- Symptomatic treatment with subcutaneous fluids, anti-emetic and offering low-fat gastrointestinal diet
- Current Medications
- Cerenia 24 mg tablets: 1/4 tab every 24 hours for 2-3 days; Fortiflora daily
 Dicom Users: Yes
 Supporting Documents: Yes

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

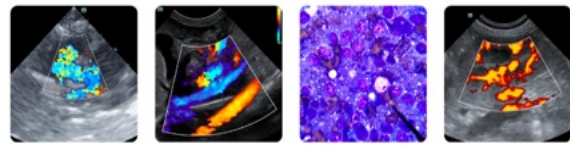
Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.35 cm. The right kidney measured 3.62 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.97 x 0.51 cm at the caudal pole and 0.64 cm at the cranial pole. The left adrenal gland measured 0.9 x 0.35 cm at the caudal pole and 0.28 cm at the cranial pole.



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Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

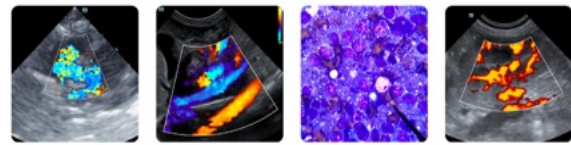
- Structurally unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of visceral pathology. The changes are expected for this age and breed. The cause of weight loss is unclear.

Dietary indiscretion, food intolerance, structurally significant inflammatory bowel or occult parasitism and occult Addison's are all potentials.

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine



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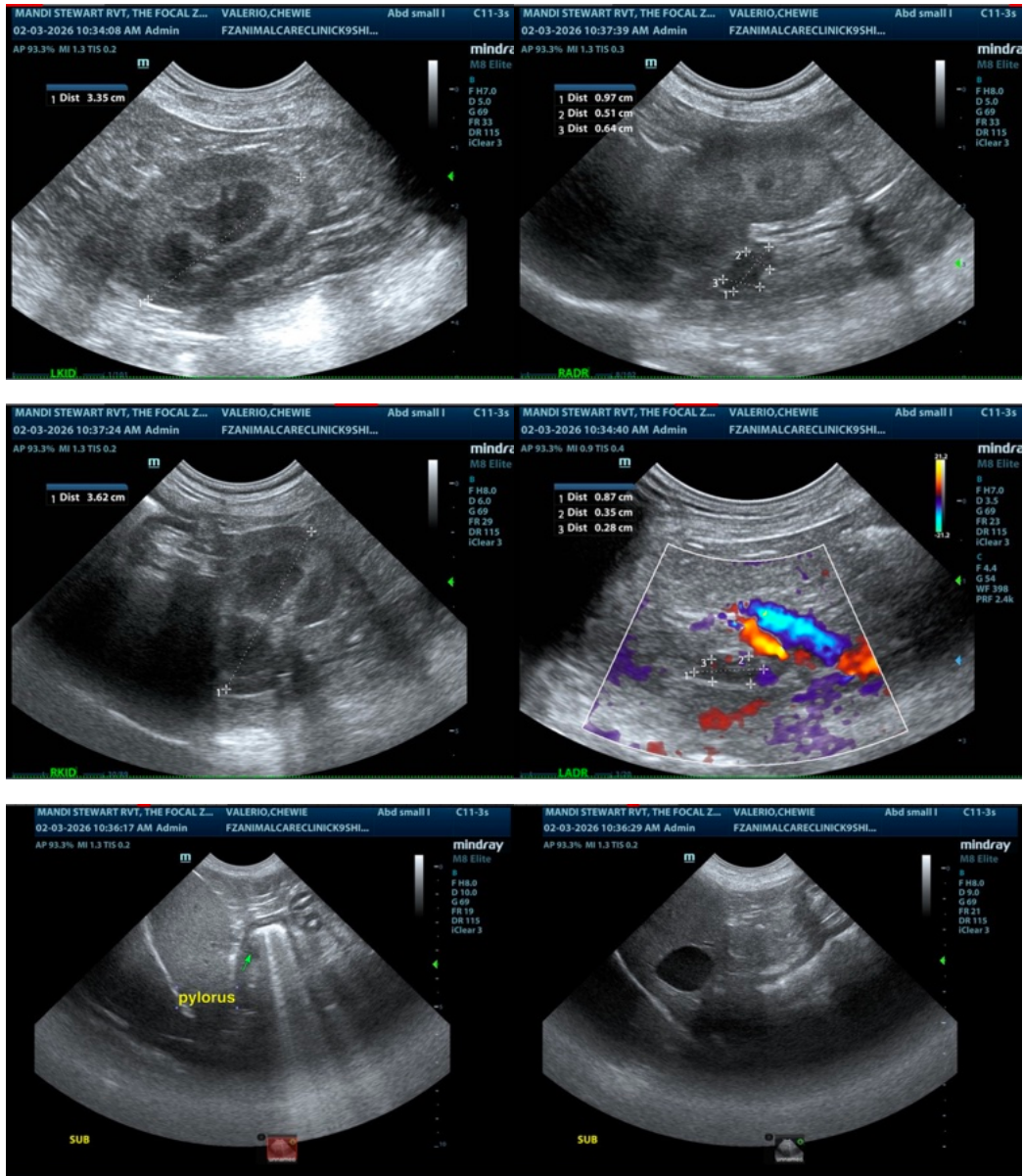
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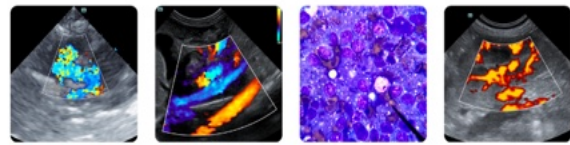
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for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.





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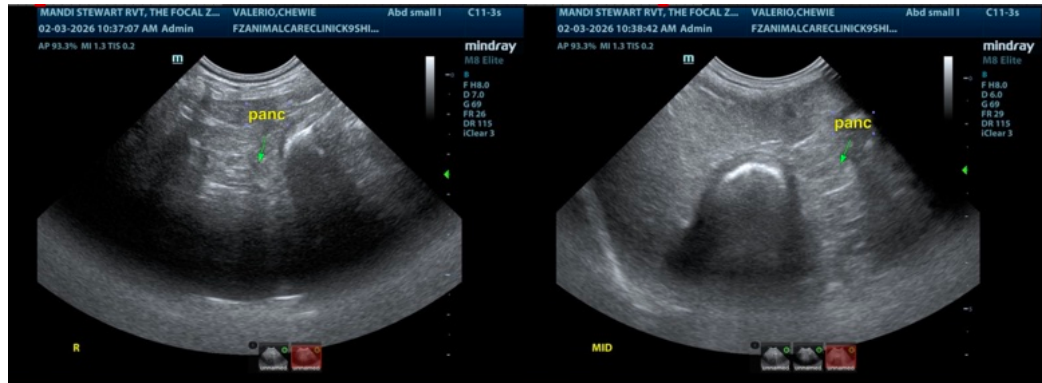
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

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